

DRESN



POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

- ☒ Practitioners associated with the Customer Number: **43541**
OR
☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

- ☒ The address associated with Customer Number: **43541**

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone			Fax

Assignee Name and Address:

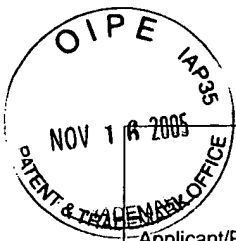
**Zimmer Spine, Inc.
7375 Bush Lake Road
Minneapolis, MN 55439-2029**

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature	<i>Terry D. Schlottback</i>	Date:	<i>31 OCT 05</i>
Name	Terry D. Schlottback	Telephone:	952.830.6355
Title	President, Zimmer Spine, Inc.		

**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: **DOUGLAS W. KOHRS et al.**Application No./Patent No.: **10/807,463**Filed/Issue Date: **March 23, 2004**Entitled: **LORDOTIC SPINAL IMPLANT****Zimmer Spine, Inc.**, a **Corporation**

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title, and interest
The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

- B. ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: **Douglas W. Kohrs**
Paul M. Sand

To: **Sulzer Spine-Tech Inc.**

The document was recorded in the United States Patent and Trademark Office at
Reel **009373**, Frame **0515**, or for which a copy thereof is attached.

2. From: **Sulzer Spine-Tech.**

To: **Centerpulse Spine-Tech, Inc.**

The document was recorded in the United States Patent and Trademark Office at
Reel **015909**, Frame **0375**, or for which a copy thereof is attached.

3. From: **Centerpulse Spine-Tech, Inc.**

To: **Zimmer Spine, Inc.**

The document was recorded in the United States Patent and Trademark Office at
Reel **015933**, Frame **0353**, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Signature

Scott A. Marks, #44,902

Printed or Typed Name

Attorney

Title

Date

612-766-7820

Telephone Number

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.